



**WEST AFRICAN COLLEGE OF PHYSICIANS**  
***COLLÈGE OUEST AFRICAIN DES MÉDECINS***

**8, THORBORN AVENUE, OFF COMMERCIAL AVENUE, SABO, YABA,  
LAGOS P.M.B. 1021, YABA-LAGOS, NIGERIA**

E-mail: [offor.blessing@wac-physicians.org](mailto:offor.blessing@wac-physicians.org), [goodluckadmin@wac-physicians.org](mailto:goodluckadmin@wac-physicians.org), [adeyemi.tosin@wac-physicians.org](mailto:adeyemi.tosin@wac-physicians.org)  
website: [www.wacpcoam.org](http://www.wacpcoam.org)

Dear Member/Fellow,

Please update your details with the College. This will enhance effective communication with you.

Names (IN CAPITAL).....

Surname

First Name

Middle Name

Status: Member  Fellow  Male  Female

Year of Membership/Fellowship:  Country

Comm. Health	Family Medicine	Internal Medicine	Lab. Medicine	Paediatrics	Psychiatry
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Current address of place of work:.....

Permanent Home address (es):.....

Current email address (es):.....

Telephone number (s):.....

Thank you.

**Dr. Albert Akpalu, FWACP (Int. Med)**  
**Secretary-General, WACP**

Note: Please fill and scan to: [goodluckadmin@wac-physicians.org](mailto:goodluckadmin@wac-physicians.org), [adeyemi.tosin@wac-physicians.org](mailto:adeyemi.tosin@wac-physicians.org), [offor.blessing@wac-physicians.org](mailto:offor.blessing@wac-physicians.org)